



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Dispensing Optician Program

PO Box 110806, Juneau, AK 99811

(907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

DOP

FOR DIVISION USE ONLY

Dispensing Optician Apprentice Registration Renewal

July 1, 2021 – June 30, 2023

- Your registration lapses after June 30, 2021. There is no grace period - it is illegal to work if your registration has lapsed.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

PART I Payment of Fees

Renewal Type:	<input type="checkbox"/> Full-Term Active Registration Renewal (for licenses first issued on or before June 30, 2020)	\$50.00
	<input type="checkbox"/> Prorated Active Registration Renewal (for licenses first issued on or after July 1, 2020)	\$25.00

Registration Type:	<input type="checkbox"/> Spectacles	<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Both
--------------------	-------------------------------------	---	-------------------------------

PART II Personal Information

Alaska Dispensing Optician Apprentice Registration Number:			
Full Legal Name:	Name change: <input type="checkbox"/>		
If you have had a legal name change since your last registration was issued, you must complete a <u>Change of Name</u> form.			
Mailing Address:	This is an address change: <input type="checkbox"/>		
Date of Birth:		Phone Number:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:			<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name and signed and dated by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board or license actions, judgments, etc. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

When in doubt, disclose and explain.

Since the date your last license was issued or renewed:

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?

☐ Yes
☐ No
2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

☐ Yes
☐ No
3. Have you experienced or been treated for any mental or emotional illness which may impair or interfere with your ability to practice?

☐ Yes
☐ No
4. Have you been addicted to, or excessively or illegally used, alcohol or a controlled substance in a manner which impairs your ability to practice safely?

☐ Yes
☐ No
5. Have you experienced a physical disability which may impair or interfere with your ability to practice?

☐ Yes
☐ No

"Yes" Answers

If you answered "Yes" to any of the above questions, you must attach a detailed explanation and supporting documents. If you answered "Yes" to questions 3-5, in addition to your detailed explanation, you must also have your treating physician submit a letter directly to the Board regarding your ability to practice safely and competently.

PART IV Attestations

- ☐ Yes, I understand an apprentice's supervisor must be a licensed dispensing optician, optometrist, or physician, in accordance with 12 AAC 30.110(a)(3).
- ☐ Yes, I understand my dispensing optician supervisor must sign and submit the completed Statement of Supervision form (#08-4829a), in accordance with 12 AAC 30.110(i).



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Dispensing Optician Program

PO Box 110806, Juneau, AK 99811

(907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

DOP

FOR DIVISION USE ONLY

Signature Page

Applicant Name:

PART V

Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant's Signature:

Date:



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Dispensing Optician Program

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Statement of Supervision

In accordance with 12 AAC 30.110, a dispensing optician apprentice may only practice under direct supervision.

This recommendation must be signed by your supervisor, in accordance with 12 AAC 30.110(i).

Apprentice Name:	
-------------------------	--

PART I Supervisor

Supervisor Name:		Supervisor License Number:	
<i>By my signature below, I attest that all information contained herein is true and accurate. I hereby certify the above-named dispensing optician apprentice will be under my supervision, in accordance with 12 AAC 30.110.</i>			
Signature:			

PART II Alternate Supervisor (if applicable)

Alternate Supervisor Name:		Alt. Supervisor License Number:	
<i>By my signature below, I attest that all information contained herein is true and accurate. I hereby certify the above-named dispensing optician apprentice will be under my supervision, in accordance with 12 AAC 30.110.</i>			
Signature:			



THE STATE
of **ALASKA**

*Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.